STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G580	A. BUILDING 01 B. WING _____	R 11/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA DEVELOPMENTAL CENTER	303 FRANKLIN ARCADIA, IN 46030

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENTS	{K 000}		

A Post Survey Revisit (PSR) to the Life Safety Code Recertification and State Licensure Survey conducted on 10/06/11 was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.470(j).

Survey Date: 11/04/11

Facility Number: 000730
Provider Number: 15G580
AIM Number: 100272190

Surveyor: Mark Caraher, Life Safety Code Specialist

At this PSR survey, Arcadia Developmental Center was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.470(j), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.

This existing one story facility was determined to be of Type III (200) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and all areas open to the corridor. The facility has a capacity of 60 and had a census of 56 at the time of this visit.

In 2008, the facility added a 2000 square foot Recreation Room to be used by the clients. The Recreation Room construction type was determined to be Type V (000) and attached to the existing building, but separated by a 2 hour

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G580	A. BUILDING 01 B. WING _____	R 11/04/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA DEVELOPMENTAL CENTER	303 FRANKLIN ARCADIA, IN 46030

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{K 000}	Continued From page 1 fire barrier. The Recreation Room addition was surveyed with NFPA 101, LSC, Chapter 12, New Assembly Occupancies. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/09/11.	{K 000}		